

BRAXTON COUNTY HIGH SCHOOL

FUND RAISER PROFIT/(LOSS) STATEMENT

FOR THE PERIOD ___/___/___ THROUGH ___/___/___

CLUB OR ORGANIZATION NAME: _____

PRODUCT TO BE SOLD: _____

VENDOR PURCHASED FROM: _____

VENDOR'S ADDRESS: _____

SCHOOL PO NUMBER: _____

INVOICE NUMBER: _____

INVOICE AMOUNT: \$ _____

DATE PAID: _____

CHECK NO. _____

COST PER ITEM: \$ _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

Cash Receipts:

Merchandise Sales	\$ _____
Donations	_____
_____	_____
_____	_____

TOTAL Cash Receipts \$ _____

Cash Disbursements:

Cost of Goods/Merchandise Sold	\$ _____
Cost of Prizes Awarded	_____
_____	_____
_____	_____

TOTAL Cash Disbursements \$ (_____)

GROSS MARGIN or BALANCE \$ _____

LESS: Sales Tax Collected (If applicable) \$ (_____)

NET PROFIT/(LOSS) ON THIS ACTIVITY \$ _____

Preparer's Signature _____ Date _____

Principal's Signature _____ Date _____